# An exploration of how social context and type of living arrangement are linked to alcohol consumption amongst older Australians

## Researchers

1. Dr Celia Wilkinson, Edith Cowan University
2. Dr Julie Dare, Edith Cowan University
3. Associate Professor Stacey Waters, Edith Cowan University
4. Professor Steve Allsop, National Drug Research Institute, Curtin University
5. Ms Sheila McHale, Palmerston Association Inc

## Summary

Despite the potential public health risks associated with alcohol use among old people, relatively little research in this area has been conducted in Australia. Research shows social connectedness is integral to the health of older people, yet the relationship between social connectedness and alcohol use is complex, with a dearth of research exploring the context in which older people socialise and drink alcohol.

The project adopted a mixed-methods design, using both qualitative and quantitative approaches, to explore the links between social context and alcohol consumption among 42 Australians, aged 65-74 years inclusive.

The research specifically explored:

* socialisation and alcohol: the meanings older Australian ascribe to their alcohol consumption practices;
* setting and alcohol use: use of alcohol by older people living in private dwellings versus retirement villages; and
* risk and restraint: factors that lead to increased use of alcohol and factors that restrain consumption in different settings.

## Outcomes

### Socialisation and alcohol

The research found that while the amount that older people drank did not increase, they now drank more frequently than when they were younger. This reflected changes in their social lives, with older people having more leisure time and reduced responsibilities since retirement providing more opportunities to socialise with friends. Two participants, one who lived in a retirement village, and one who lived in a private home respectively, noted:

*We are drinking more now … not a lot more, but more frequently because we are more relaxed.*

*I probably drink a bit more now than I did 10 years ago because of the social thing. Not a bigger glass but maybe on more occasions.*

People who lived in retirement villages were more likely to report high levels of social engagement. Social engagement was closely associated with alcohol use: the more opportunities to socialise, the greater the level of alcohol consumption. One participant noted:

*They never seem to have get-togethers that don’t involve alcohol, apart from morning tea. They have frequent get-togethers in the retirement villages.*

### Setting, gender and alcohol use

Participants often perceived that there were likely to be differences in alcohol consumption dependent on living arrangements:

*I think the village environment makes it much easier [to socialise], because if you are in your own house there aren’t so many things available to you in your immediate environment.*

However, while older people may possibly drink more frequently in retirement villages than in private homes, they did not necessarily drink greater quantities of alcohol. Overall, the majority of participants across both settings: private homes (52.4%) and retirement villages (60%) were drinking alcohol at least five to six days a week. There was no statistically significant differences in the drinking patterns (i.e. frequency and quantity of alcohol consumption) based on either residential status or gender.

The study did find that 30% of men and 33% of women were drinking more that is recommended under the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (NHMRC Guidelines), i.e. more than two standard drinks a day, placing them at a lifetime risk of alcohol-related harm.

### Risk and restraint

Qualitative data suggests that living arrangements play a role in both facilitating and restraining alcohol use. People who lived in retirement villages had ‘a readymade social group’ and did not need to drive home after an event. Two village residents stated:

*Previously going out I would have to keep in mind that I would have to drive home. The socialisation in the village means that I may drink more than if I go outside.*

*It’s the driving mainly that would affect whether or not I would have a drink.*

People also actively managed their drinking through self-regulation, for example some did not drink during the day, only drank with meals, or did not drink (or limited their consumption) when driving.

### Perspectives on alcohol use

The majority of participants were not concerned with the drinking of older Australians (which was associated with relaxing and socialising), but were concerned about risky drinking by young people, where alcohol was linked with harm to others. One participant stated:

*It is the young Australians that shouldn’t be drinking. The oldies seem to be OK. You don’t hear about too many oldies bashing their car up or knocking anybody over the head.*

Participants tended to focus on risky drinking as that which led to harm to others without considering potential personal health consequences. Indeed, there was evidence that some public health messages were seen as ageist and paternalistic. One participant stated:

*People need to recognise that you are who you are and make your own decisions and as long as you are not being stupid, like driving drunk or hurting people, then I think you should be able to live your life the way you want to.*

## Recommendations

The current NHMRC Guidelines need to be promoted more effectively to older Australian drinkers. One-third of the research sample was drinking above the current NHMRC Guidelines for lifetime risk and 25 per cent of men were drinking at levels that placed them at risk of short-term harm at least once a month.

Health was only mentioned once as a factor that affected decisions to limited drinking. The results suggest that older people have a greater appreciation of the social and financial costs of drink-driving. The restraining influences of current policy need to be taken into account in discussions of strategies to reduce drink-driving risks (e.g. improved public transport).

Health promotion messages targeting alcohol use among older people need to be age-appropriate, age-specific, not be open to interpretation as paternalistic or ageist, and better reflect the drinking practices of this group. Such information needs to be disseminated through a wide range of channels, including retirement villages, and utilise a holistic approach that acknowledges the psychological, physical and social needs of older people.

This research has highlighted the important role of social context, and how socialisation differs between private homes and retirement villages. Future research is now required with a large representative sample in order to identify the quantitative and qualitative associations between gender, marital status, social connectedness and social context, living arrangements, and alcohol consumption. This will enable identification of predictors of alcohol use among older people and subsequently provide an evidence base for the development of age-appropriate health promotion programs.

Future research should also maintain a focus on alcohol consumption among older women, as evidence indicates women in general are drinking at higher levels that previous generations and this study suggests that this is particularly true of single women living in retirement villages.

## Additional resources

[Bottoms Up! APSAD 2011](/wp-content/uploads/APSAD-2011-Presentation-Alcohol-and-Older-People.pdf)

ECU News: Drinking Culture

ECU Cohesion Magazine of the Faculty of Computing, Health and Science September 2012

[view the report](/wp-content/uploads/FARE-Final-Report-Wilkinson-et-al-2012.pdf)